

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 070948

AUG 27 2007

CITY OF PORTLAND

This is to certify that CHESTNUT STREET LOFT LLC
 has permission to Tenant Fit-up for new Hair Salon
 AT 21 CHESTNUT ST unit#1

027 C010001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is altered or closed-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Greg Cury

Health Dept. _____

Appeal Board _____

Other _____

Department Name

Joanne Bonke 8/24/07
 Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-0948	Issue Date:	CBL: 027 C010001
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Location of Construction: 21 CHESTNUT ST unit#1	Owner Name: <i>Kathleen Parlee</i> CHESTNUT STREET LOFTS LLC	Owner Address: 17 CHESTNUT ST	Phone:
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Business Name: Groom	Contractor Name:	Contractor Address:	Phone:
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Lessee/Buyer's Name Kathleen Parlee	Phone: 207-408-3303	Permit Type: Change of Use - Commercial	Zone: <i>B3</i>
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Past Use: Vacant Commercial Space	Proposed Use: Groom Hair Salon - Tenant Fit-up for new Hair Salon	Permit Fee: \$195.00	Cost of Work: \$10,000.00	CEO District: I
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commercial on 1st floor with 37 Residential condos in Bldg Also

FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: <i>B</i> Type: <i>1B</i> <i>IBC-2003</i>
Signature: <i>Greg Carr</i>	Signature: <i>JMB 8/24/07</i>

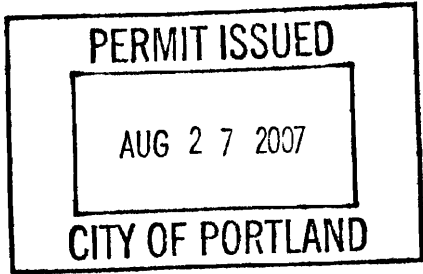
Proposed Project Description: Tenant Fit-up for new Hair Salon

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Denied
Signature:	Date:	

Permit Taken By: Idobson	Date Applied For: 08/07/2007	Zoning Approval	
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
Shoreland <i>Separate permits are required for New Sewerage</i>	Variance	<input checked="" type="checkbox"/> Not in District or Landmark
Wetland	Miscellaneous	<input type="checkbox"/> Does Not Require Review
Flood Zone	Conditional Use	<input type="checkbox"/> Requires Review
Subdivision	Interpretation	<input type="checkbox"/> Approved
Site Plan	Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	Denied	<input type="checkbox"/> Denied
Date: <i>8/7/07</i>	Date:	Date:



CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

12/17/07 Class on Electricity
Plans to Study } Wht.

09/24/07 Electrical code
Study }

need to protect fixture
openings in ceiling w/ approved
means } 24 luminaires

11/13/07 G/O Study } Acc